

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40497

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11290

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY 2267	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 7 Days		d. STREET ADDRESS (If rural, give location) 1514 Palm Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		2. DATE OF DEATH (Month) (Day) (Year) Nov. 27-1953	
3. NAME OF DECEASED (Type or Print) a. (First) Wiley b. (Middle) W c. (Last) Goff		4. DATE OF DEATH (Month) (Day) (Year) Nov. 27-1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 25 1887
9. AGE (In years last birthday) 66		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Selma Goff		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Selma Goff	
18. ADDRESS 1514 Palm Street		19. ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neumatharax right side</u> ANTECEDENT CAUSES <u>Atherosclerosis; Multiple Fractures</u> DUE TO (b) <u>Occurred when deceased was struck by panel truck operated by one Lauree Shakerian, on Nov 27, 1953, at 1218 pm.</u> DUE TO (c) <u>at 14th and Salisbury St. Accident</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>by one Lauree Shakerian, on Nov 27, 1953, at 1218 pm.</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>at 14th and Salisbury St. Accident</u>	
20a. ACCIDENT (Specify) <u>Accident</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, school, street, etc. (Specify)) <u>Street</u>	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Nov 22 53 12:18 pm</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR? <u>E812.0</u>	
21. I hereby certify that I attended the deceased from <u>10:30</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:50</u> p.m., from the causes and on the date stated above. <u>25</u>			
22. SIGNATURE <u>Patrick E. Taylor</u>		23. ADDRESS <u>300 Clark</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25. DATE <u>Nov 28-53</u>	
26. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		27. LOCATION (City, town, or county) (State) <u>St. Louis, County</u>	
DATE REC'D BY LOCAL REG. <u>NOV 30 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
28. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner Und. Co.</u>		ADDRESS <u>2223 St. Louis A.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John P. Buckholz  
Licensed Embalmer No. 2223

P. O. Address 1674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.